| PATENT APPLICATION CO.   |  |  |                                  |                                     |                      |                  |          |                    | Application or Docket Number |          |                     |                        |
|--|--|--|----------------------------------|-------------------------------------|----------------------|------------------|----------|--------------------|------------------------------|----------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003                                   |  |  |                                  |                                     |                      |                  |          | 10749280           |                              |          |                     |                        |
| 010000001,2000   |  |  |                                  |                                     |                      |                  |          |                    |                              |          |                     |                        |
|  | CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |                                  |                                     |                      |                  |          | SMALL<br>TYPE      | ENTITY                       | ^        |                     | ER THAN                |
| Ľ  | TOTAL CLAIM                                    | S  | 34                               |                                     |                      | RAT              |          |                    | FEE                          |          |                     | T ENLLLA               |
| F  | OR   |  | NUMBI                            | R FILED                             | NUM                  | BER EXTRA        |          | BASIC F            |                              |          | RATE<br>BASIC F     |                        |
|  | OTAL CHARGE                                    | EABLE CLAIMS                             | 3×.                              | ninus 20=                           | •                    | 14               |          | XS 9:              | -                            | $\dashv$ |                     | <del>- </del>          |
| IV   | IDEPENDENT (                                   | 2  | minus 3 =                        | •                                   | D. /                 | ·                | X43=     | 100                | 4°                           | `        |                     |                        |
| М  | ULTIPLE DEPE                                   | NDENT CLAIM                              | PRESENT                          |                                     |                      |                  |          | 743=               |                              |          | R X86⇒              | -                      |
| •  | If the difference                              | e in column 1 i                          | s less than                      |                                     | +145=                | ·                | _ 0      | +290=              | •                            |          |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL 5// OR TOTAL  OTHER THAN |  |  |                                  |                                     |                      |                  |          |                    |                              |          |                     |                        |
| _  |  | (Column 1) (Column 2) (Column 3          |                                  |                                     |                      |                  |          |                    | L ENTITY                     | OF       |                     | R THAN<br>ENTITY       |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT          |                                  | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F | ER<br>USLY           | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| 202  | Total  | ·Sma                                     | Minus                            |                                     |                      | a                | ŀ        | X\$ 2=             |                              | OR       | X\$18=              |                        |
| AME  | Independent                                    | ·  | Minus                            |                                     |                      | 2 .              | ı        | X43=               |                              | <b>-</b> | Yes                 |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                  |                                     |                      |                  |          | +145=              | ┼──                          | OR       | -                   | 1 1                    |
| L  |  |  |                                  |                                     |                      |                  |          |                    | <u> </u>                     | OR       |                     |                        |
|  |  | (Cal.,                                   |                                  |                                     | •                    |                  | A        | TOTAL<br>DOIT, FEE |                              | JOR      | ADDIT. FEE          |                        |
|  |  | (Column 1)                               | <del>1</del>                     | (Column                             |                      | (Column 3)       | _        |                    |                              | -        |                     |                        |
| AMENDMEN! B  |  | REMAINING<br>AFTER<br>AMENDMENT          |                                  | NUMBE<br>PREVIOU<br>PAID FO         | R<br>ISLY            | PRÉSENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| 5  | Total  | . 35                                     | Minus                            | - 35                                |                      | - /              |          | X\$ 9=             | 100                          | ÓR.      | X\$18=              | 1                      |
|  | Independent                                    | . 2                                      | Minus                            | a                                   |                      | <b>.</b> 0       | 上        | X43=               | 10° 7                        | 1        | X86=                | -/                     |
|  | FIRST PRESE                                    | NTATION OF MI                            | JLTIPLE DE                       | PENDENT C                           | LAIM                 |                  | $\vdash$ |                    | /                            | OR       |                     | -/                     |
|  |  |  |                                  |                                     |                      |                  | Ľ        | 145=               | . /                          | OR       | +290=               |                        |
|  |  |  |                                  |                                     |                      |                  | ADI      | ON: FEE            | 25:00                        | OR       | TOTAL<br>ADDIT. FEE |                        |
| Т  | <u>,                                      </u> | (Column 1)<br>CLAIMS                     |                                  | (Column                             |                      | Column 3)        |          |                    |                              |          |                     |                        |
|  | `  | REMAINING                                |                                  | HIGHES<br>NUMBER                    |                      | PRESENT          | Г        | ડં છ               | ADDI-                        |          |                     | ADDI-                  |
|  |  | AFTER<br>AMENDMENT                       |                                  | PREVIOUS<br>PAID FOI                | LY                   | EXTRA            | F        | MTE                | TIONAL<br>FEE                |          | RATE                | TIONAL<br>FEE          |
| 1  | Total  | . 35                                     | Minus                            | <b>4</b> 35                         |                      | · Q              | X        | \$ 9=              |                              | OR       | X\$18=              | 755                    |
| L  |  |  | Minus `                          | <u>- 3</u>                          |                      | . 0              | $\vdash$ | 43=                | <del>-/</del>                |          | X86=                | -/-                    |
| 11   | HST PRESEN                                     | STATION OF MU                            | LTIPLE DEP                       | ENDENT CL                           | AIM                  |                  | F        | -                  | -/-                          | OR       | ∧00±                | /_                     |
| if t   | he entry in colum:                             | n 1 is less than the                     | entry in cohe                    | nn 2 write Yi                       | in cohra             | m 3              | <u>+</u> | 45=                |                              | OR       | +290=               | 1                      |
| -11  | ne Highest Num<br>the Highest Num              | ber Previously Pai<br>ber Previously Pei | d For' IN THIS<br>d For' IN THIS | SPACE is les                        | s than 2<br>s than 1 | 0, enter "20."   |          | TOTAL<br>T. FEE    |                              |          | TOTAL<br>DOIT. FEE  |                        |
| Th   | e "Highest Numb                                | er Previously Paid                       | For (Total or                    | Independent)                        | is the hi            | ghest number fo  | und it   | the appr           | opriate box                  | in colu  | mn 1.               |                        |
|  |  |  |                                  |                                     |                      |                  |          |                    |                              |          | _                   | 1                      |